20	15 RECONCILI	ATION OF LICENSE	TAX WITHHE	LD					
		n/Scott County Revenue Co							
etown-Scott C	PO	Box 800, Georgetown, KY 4032	24						
Contestown-Scott Call	Employers name & ad	dress - Section A		ar ended December 31, 20)15				
Revenue Commission			To be filed by March 1, 2016						
			FEDERAL ID #						
	CITY OF GEORGETOWN - Section B TOTAL PAYROLL (Column A) SUBJECT PAYROLL (Column B) Column C								
1 1st Quarter ended March 31	\$	\$	X 1%	\$					
2 2nd Quarter ended June 30	\$	\$	X 1%	\$					
3 3rd Quarter ended Sept 30	\$	\$	X 1%	\$					
4 4th Quarter ended Dec 31	\$	\$	X 1%	\$					
5 TOTAL ALL QUARTERS	\$	\$		\$					
l									
6 Actual withholding paym	ients remitted			\$	<u> </u>				
7 Difference (subtract line	6 from line 5)(if any, ch	eck box below)		\$					
Minor difference attribut	able to fractional variation			_					
		nns oniv (no adjustment due)		OFFICE USE C	NI Y				
Difference indicates inst	ufficient total remittance	ons only (no adjustment due). for year. Check in payment a		OFFICE USE C Rec'd	ONLY				
		• • • •	attached.		ONLY				
	erpayment not attributabl	for year. Check in payment	attached.	Rec'd	DNLY				
Difference indicates over	erpayment not attributabl attached.	for year. Check in payment	attached.	Rec'd Check No.	DNLY				
Difference indicates over	erpayment not attributabl attached. Number of employees	for year. Check in payment a le to fractional variations. Ful	attached.	Rec'd Check No. Amt.	DNLY				
Difference indicates over	erpayment not attributabl attached. Number of employees	for year. Check in payment a le to fractional variations. Ful working in Georgetown COTT COUNTY - Section C	attached. Il explanation	Rec'd Check No. Amt.	I				
Difference indicates over	erpayment not attributabl attached. Number of employees S	for year. Check in payment a le to fractional variations. Ful working in Georgetown COTT COUNTY - Section C	attached. Il explanation	Rec'd Check No. Amt. By Column C					
Difference indicates ove and claim for refund is a	erpayment not attributabl attached. Number of employees S <u>TOTAL PAYROLL (Colur</u>	for year. Check in payment a le to fractional variations. Ful working in Georgetown COTT COUNTY - Section C mn A) SUBJECT PAYROLL	attached. Il explanation	Rec'd Check No. Amt. By Column C					
Difference indicates over and claim for refund is a 1 1st Quarter ended March 31	erpayment not attributabl attached. Number of employees S <u>TOTAL PAYROLL (Colur</u> \$	for year. Check in payment a le to fractional variations. Ful working in Georgetown COTT COUNTY - Section C <u>SUBJECT PAYROLL</u> \$	attached. Il explanation	Rec'd Check No. Amt. By Column C \$ \$					
Difference indicates over and claim for refund is a 1 1st Quarter ended March 31 2 2nd Quarter ended June 30	erpayment not attributable attached. Number of employees S TOTAL PAYROLL (Colur \$ \$	for year. Check in payment a le to fractional variations. Ful working in Georgetown COTT COUNTY - Section C mn A) SUBJECT PAYROLL \$ \$	attached. Il explanation .(Column B) X 1% X 1%	Rec'd Check No. Amt. By Column C \$ \$					
Difference indicates over and claim for refund is a 1 1st Quarter ended March 31 2 2nd Quarter ended June 30 3 3rd Quarter ended Sept 30	erpayment not attributable attached. Number of employees S TOTAL PAYROLL (Colur \$ \$	for year. Check in payment a le to fractional variations. Ful working in Georgetown <u>SCOTT COUNTY - Section C</u> <u>mn A)</u> <u>SUBJECT PAYROLL</u> <u>\$</u>	attached. Il explanation .(Column B) X 1% X 1% X 1% X 1% X 1%	Rec'd Check No. Amt. By Column C \$ \$ \$					
Difference indicates over and claim for refund is a 1 1st Quarter ended March 31 2 2nd Quarter ended June 30 3 3rd Quarter ended Sept 30 4 4th Quarter ended Dec 31	erpayment not attributable attached. Number of employees S TOTAL PAYROLL (Colur \$ \$ \$ \$ \$ \$ \$ \$	for year. Check in payment a le to fractional variations. Ful working in Georgetown <u>SCOTT COUNTY - Section C</u> <u>mn A)</u> <u>SUBJECT PAYROLL</u> <u>\$</u>	attached. Il explanation .(Column B) X 1% X 1% X 1% X 1% X 1%	Rec'd Check No. Amt. By Column C \$ \$ \$					
Difference indicates over and claim for refund is a 1 1st Quarter ended March 31 2 2nd Quarter ended June 30 3 3rd Quarter ended Sept 30 4 4th Quarter ended Dec 31 5 TOTAL ALL QUARTERS	erpayment not attributable attached. Number of employees S TOTAL PAYROLL (Colur \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	for year. Check in payment a le to fractional variations. Full working in Georgetown COTT COUNTY - Section C mn A) SUBJECT PAYROLL \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	attached. Il explanation .(Column B) X 1% X 1% X 1% X 1% X 1%	Rec'd Check No. Amt. By Column C \$ \$ \$ \$ \$ \$ \$					
Difference indicates over and claim for refund is a 1 1st Quarter ended March 31 2 2nd Quarter ended June 30 3 3rd Quarter ended Sept 30 4 4th Quarter ended Dec 31 5 TOTAL ALL QUARTERS 6 Actual withholding paym 7 Difference (subtract line	erpayment not attributable attached. Number of employees S TOTAL PAYROLL (Colur \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	for year. Check in payment a le to fractional variations. Full working in Georgetown COTT COUNTY - Section C mn A) SUBJECT PAYROLL \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	attached. Il explanation .(Column B) X 1% X 1% X 1% X 1% X 1% X 1%	Rec'd Check No. Amt. By Column C \$ \$ \$ \$ \$ \$ \$					

	Difference indicates overpayment not attributable to fi	ractional variat	tions. F	Full explanation
	and claim for refund is attached.			

Number of employees working in Scott County

Check No.

Amt. By

20	15 RECONCIL				TUUT				
20						ΞLU	I		
	-		County Revenu				I		
Conservown-Scott Con), Georgetown, KY						
Ceor Film	Employers name & a	address			During year ended December 31, 2015				
Revenue Commission					To be filed by March 1, 2016 FEDERAL ID #				
				FEUERA					
					L				
	SCOTT C		SUBJECT PAY	ICT - Section D (ROLL (Column B)		Column C			
	TUTAL PATROLL (00		<u> SUDJEUTTAT</u>			Columnic	1		
1 1st Quarter ended March 31	\$	_	\$		X ½%	\$	<u> </u>		
2 2nd Quarter ended June 30	\$		\$		X ½%	\$	<u> </u> !		
3 3rd Quarter ended Sept 30	\$		\$		X ½%	\$!		
4 4th Quarter ended Dec 31	\$		\$		X ½%	\$			
5 TOTAL ALL QUARTERS	\$		\$			\$			
6 Actual withholding payme	ients remitted					\$			
	7 Difference (subtract line 6 from line 5)(if any, check box below)								
Minor difference attributa	able to fractional varia	ations only	(no adjustment	due).		OFFICE USE OI	NLY		
Difference indicates insu	ufficient total remittan	ce for year	r. Check in payr	nent attached.		Rec'd			
Difference indicates over	rpayment not attribut	able to frac	ctional variations	3. Full explanatic	วท	Check No.			
and claim for refund is at	ttached.				_	Amt.			
'	Number of employees	s living & v	working in Scott	County	I	Ву			
				С					
For each of the following			BENEFITS- Sect employees	tion E Was the	license	tav			
Tor each of the relience	, Denenia.	participate		withheld'		lan			
a) Deferred compensation		Yes	No	Yes	No	5			
b) Cafeteria plan		Yes	No	Yes	No	2			

Signature

Yes

Yes

Yes

Yes

Group-term life insurance over \$50,000

correct, and complete to the best of my knowledge.

C)

d)

e)

Other?

Other?

Other?

Date

Printed name

Title

ATTACH W-2s AND W-3s OR EQUIVALENT EMPLOYEE LISTING

No

No

No

No

RETURN MUST BE SIGNED - I hereby cerify, under penalty of perjury, that the statements made herein and any supporting schedules are true,

Yes

Yes

Yes

Yes

No

No

No

No